



**ARKANSAS FIRE PROTECTION LICENSING BOARD**

900 W. Capitol Ave., Suite 400

Little Rock, Arkansas 72201

Telephone (501) 661-7903 Fax (501) 603-3540

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[Sarah.Johnson@arkansas.gov](mailto:Sarah.Johnson@arkansas.gov)

<b>AFPLB Admin</b>	Date _____	Check # _____	Amount \$ _____
<b>Use Only</b>	Licensing Year _____	Processed By _____	

**PORTABLE/FIXED FIRE SUPPRESSION SYSTEM  
APPLICATION FOR NEW CERIFICATION OF REGISTRATION**

**DIRECTIONS:** Appropriate fees and forms must accompany application. Complete answers must be provided to all questions. **PLEASE PRINT OR TYPE.** Any false statement or material misrepresentation of this application shall be cause for denial, suspension, or revocation of a Certificate of Registration.

Certificate of Registration Portable Fire Extinguishers \_\_\_\_\_ \$300.00

Certificate of Registration Fixed Fire Extinguishers \_\_\_\_\_ \$300.00

Certificate of Registration Class A Hydrostatic Testing \_\_\_\_\_ \$100.00

Certificate of Registration Class B Hydrostatic Testing \_\_\_\_\_ \$50.00

Branch Office \_\_\_\_\_ \$25.00

Note: The proposed company name may be rejected by the Board should it be determined that the name submitted is similar to another licensed company name or is misleading to the public. Please call prior to submitting a company name for approval.

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner \_\_\_\_\_

Name of Branch Office \_\_\_\_\_

Mailing Address of Branch Office \_\_\_\_\_

Physical Address of Branch Office \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Manager of Branch Office \_\_\_\_\_

Doing Business As: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Is firm headquartered in the State of Arkansas? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes and you have a  
Arkansas office, please complete the following:

Arkansas Address \_\_\_\_\_

Arkansas Telephone Number \_\_\_\_\_

Has Firm operated under a different name? If so, list information below.

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Dates of operation \_\_\_\_\_

The following information must accompany the application for Portable/Fixed Certificate of Registration and must meet the minimum requirements of the State Law. Please refer to the Rules and Regulations for requirements and samples. The information must, stay current and, on file with the Arkansas Fire Protection Licensing Board always. Your license will be suspended or revoked if you fail to keep this information current.

1. An Individual Application for every employee.
2. A current Certificate of Insurance showing a minimum limit of \$1,000,000.00.
3. Samples of all tags used by firm (**NOT A COPY**), Hydro Label, and verification of Service Collar, these will be required to be made and mailed within 30 days after license has been issued.
4. Copy of DOT letter.
5. Where applicable Application must be accompanied by evidence of registration as an Arkansas Corporation or evidence of registration with the Arkansas Secretary of State as a foreign corporation.

Complete the following if applying for a Fixed System Certificate of Registration.

Note: The information must be always current and on file with Board Office.

List Brand Name of system(s) for which company is to be licensed. (Example: Ansul, Wet Pre-Engineered).

Brand \_\_\_\_\_ Type \_\_\_\_\_

Brand \_\_\_\_\_ Type \_\_\_\_\_

Brand \_\_\_\_\_ Type \_\_\_\_\_

Have you as an individual, partner or corporation ever appeared before a regulatory body for any violation in the conduct of business. \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give details.

**CERTIFICATE AND AUTHORIZATION**

I certify that I am familiar with A.C.A.20-22-601, as amended, and the Rules and Regulations issued pursuant thereto. I also certify that under penalty of law that all necessary information is current and on file with the Arkansas Fire Protection Licensing Board.

Authority is hereby granted to the Arkansas Fire Protection Licensing Board or its representative, to enter, examine and inspect any premises, building, room, or establishment used in connection with the Certificate of Registration for which I am applying, to determine compliance with the provisions of State Law and Rules and Regulations adopted by the Arkansas Fire Protection Licensing Board.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Individual Application – Must be signed by individual.

Partnership Application – Must be signed by each partner.

Corporation Application – Must be signed by an officer of the corporation.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Make check or money order payable to:  
**ARKANSAS FIRE PROTECTION LICENSING BOARD**